

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563746

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** SOBEL & SOFMAN, M.D., P.A.

**Current Principal Place of Business:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-1824908      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOBEL, STUART A.  
4340 SHERIDAN ST.  
UNIT 101-C  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SOBEL, STUART A.  
**Address:** 3700 N. 54 AVE  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** S  
**Name:** SOBEL, ELEANOR  
**Address:** 3700 N. 54 AVE.  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** V  
**Name:** SOFMAN, MICHAEL  
**Address:** 11155 SW 40TH ST  
**City-St-Zip:** DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART A SOBEL

PD

01/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date